



APPLICATION FOR A LICENSE TO PRACTICE MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA

State Form 29425 (R14 / 5-08)

Approved by State Board of Accounts, 2008

MEDICAL LICENSING BOARD OF INDIANA
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: pia3@pla.in.gov
www.pla.in.gov

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY	
Application fee \$250.00	Date fee paid (month, day, year) 12-4-08
Receipt number 2635341	Application number
License number	License issuance date (month, day, year)
Permit fee \$100.00	Date fee paid (month, day, year) 12-9-08
Receipt number 2635341	Permit number 99035483A
Permit issuance date (month, day, year) 12-10-08	



DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION				
Name of applicant (last, first, middle) Garcia, Anthony, Joseph		Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Social Security number *	
Address of practice (number and street or rural route) 826 S. Miller Street, Suite 1				
City, state, and ZIP code Chicago, IL 60607				
Telephone number (daytime) [REDACTED]	Date of birth (month, day, year) 6-7-1973	Ethnicity ** Hispanic	Race ** Hispanic	Gender ** <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mailing address (number and street, city, state, and ZIP code) (if different from above) 723 Whitewing Lane, Walnut, CA 91789				
E-mail address [REDACTED]		National Provider Identifier number 1407067713		

TEMPORARY PERMIT INFORMATION
Do you desire a temporary permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY		
A foreign medical school must meet LCME standards at the time of graduation.		
Name of school University of Utah	Location Salt Lake City, UT	Date of graduation (month, day, year) 5-22-1999
Specialties N/A	Board certification (list ABMS certification) N/A	

EXAMINATION	
Check appropriate box(es) indicating which examination or combination of examinations you have taken. (Please review instruction sheet for address and telephone numbers on how scores may be obtained.)	
<input type="checkbox"/> FLEX EXAMINATION <input type="checkbox"/> Component I <input type="checkbox"/> Component II <input type="checkbox"/> Other	<input type="checkbox"/> STATE BOARD EXAMINATION Examination taken in which state?
<input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS <input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III	<input type="checkbox"/> LMCC EXAMINATION
<input checked="" type="checkbox"/> USMLE EXAMINATION <input checked="" type="checkbox"/> Step I <input checked="" type="checkbox"/> Step II <input checked="" type="checkbox"/> Step III	<input type="checkbox"/> NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS <input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III



www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

Medical Licensing Board
402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 234-2060 Fax : (317) 233-4236

Anthony Garcia, M.D.
5279 Greywing Court
Terre Haute, IN 47803

12/6/12
Board withdrew denial
and moved
to allow him to withdraw
his application jae
October 30, 2012

Dear Dr. Garcia:

The Medical Licensing Board reviewed your application and supporting documentation for licensure in the state of Indiana at its meeting on October 25, 2012.

The pertinent statutory references are as follows:

IC 25-1-9-16

Refusal of licensure or grant of probationary license

Sec. 16. (a) The board may refuse to issue a license or may issue a probationary license to an applicant for licensure if:

- (1) the applicant has been disciplined by a licensing entity of any state or jurisdiction, or has committed an act that would have subjected the applicant to the disciplinary process had the applicant been licensed in Indiana when the act occurred; and
- (2) the violation for which the applicant was, or could have been, disciplined has a direct bearing on the applicant's ability

IC 25-1-9-4

Standards of professional practice; findings required for sanctions; evidence of foreign discipline

Sec. 4. (a) A practitioner shall conduct the practitioner's practice in accordance with the standards established by the board regulating the profession in question and is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds:

- (1) a practitioner has:
 - (A) engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, including cheating on a licensing examination;
 - (B) engaged in fraud or material deception in the course of professional services or activities;

IC 25-1-9-4(a)(4) a practitioner has continued to practice although the practitioner has become unfit to practice due to:

- (A) professional incompetence that:
 - (i) may include the undertaking of professional activities that the practitioner is not qualified by training or experience to undertake; and
 - (ii) does not include activities performed under IC 16-21-2-9;

IC 25-1-9-4 (a)(1)(A)

- (A) engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, including cheating on a licensing examination;

Due to the above statutes, the Board has directed me to inform you that your application for a medical license in the state of Indiana was denied due to the following:

- The administrative warning issued by the New York State Board for Professional Conduct regarding the circumstances surrounding your resignation from Bassett-St. Elizabeth Family Medicine Residency Program. The warning specifically stated "The reviewer expressed concerns regarding your behavior during your entire residency at Bassett and felt that your conduct left serious doubt as to your future ability to successfully practice medicine within acceptable standards."
- Your termination from two other residency programs as well as your resignation from a third program.
- Failure to disclose the above information to the California Board and the Indiana Board on your first application that you filed in 2008 and subsequently withdrew.

You have the right to petition for review of this decision under IC 4-21.5-3-7. The petition must be in writing and must state facts identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision.

According to law, the request for administrative review must be filed with the Board within eighteen (18) days from the date of this letter. If such date is a Saturday, Sunday, or legal holiday under state statute, or a day that the Professional Licensing Agencies offices are closed during regular business hours, the deadline would be the first day thereafter that is not a Saturday, Sunday, or legal holiday under state statute, or a day that the Professional Licensing Agency is closed during regular business hours.

If your petition for review is filed timely and review is granted, you will receive notification of an appearance before the Board. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. As petitioner, you will have the burden of proving you are qualified to obtain review.

Please note that your temporary medical permit number 99035486A will be null/voided on Friday, November 2, 2012, therefore you will no longer be permitted to practice in the State of Indiana past Thursday, November 1, 2012.

If you have any questions, please do not hesitate to contact this office by calling (317) 234-2060 or via e-mail at pla3@pla.IN.gov.

Sincerely,

Jody Edens
Assistant Board Director

MEDICAL LICENSING BOARD OF INDIANA

11-12-2012

To:

IPLA

Medical Licensing Board

402 W. Washington St. Room W072

Indianapolis, IN 46204

From: Anthony Garcia, M.D.

5279 Greywing Court

Terre Haute, IN 47803

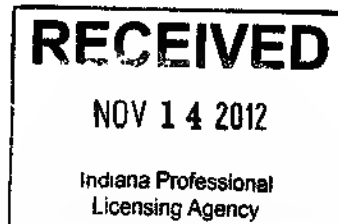
To Whom It May Concern:

I petition for review of the decision under IC 4-21.5-3-7. I request the Medical Board to give me the option to withdraw my Indiana Medical License Application. I feel my actions do not rise to the level of a Denial of my Medical Licensure Application. I have been aggrieved and adversely affected by not being able to work as a Physician in the State of Indiana. This of course does not allow me to make income and a living as a working Physician in the State of Indiana.

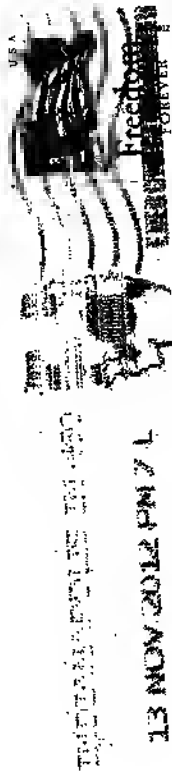
Sincerely,



Anthony J. Garcia, M.D.



Anthony Joseph Garcia
5279 Greywing Court
Terre Haute, IN 47803



1PLA
Medical Licensing Board
402 W. Washington St. Room W072
Indianapolis, IN. 46204.

46204272453



11-12-2012

To:

IPLA

Medical Licensing Board

402 W. Washington St. Room W072

Indianapolis, IN 46204

From: Anthony Garcia, M.D.

5279 Greywing Court

Terre Haute, IN 47803

To Whom It May Concern:

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Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony J. Garcia', with a stylized flourish at the end.

Anthony J. Garcia, M.D.



**CREIGHTON
UNIVERSITY**
School of Medicine

Graduate Medical Education

June 26, 2001

Anthony Garcia, M.D.
2575 Nicholas Court, Apt. B
Omaha, NE 68131

Dear Dr. Garcia:

An Appeals Committee of the Graduate Medical Education Committee of Creighton University School of Medicine met on July 26, 2001 to hear the appeal of Dr. Anthony Garcia in regard to termination of residency training by the Department of Pathology on the grounds of willfully placing a telephone call to a fellow resident's home while the resident was in the process of taking the USMLE Step 3 examination and informing the resident's wife that he needed to return to the Department of Pathology. This resulted in considerable anxiety and distress for the wife and resident at a time when the resident was attempting to pass a high-stakes examination which would ultimately determine whether or not he could continue in the residency program.

The Committee unanimously supported the decision of the Pathology Program to terminate Dr. Anthony Garcia and this letter represents official notification of this action.

In accordance with the Graduate Medical Education policy for Due Process, Dr. Anthony Garcia has seven days following receipt of this decision to appeal to the Dean of the School of Medicine if he so desires. The appeal must be in writing and shall specify the facts and reasons why the house staff physician believes that the Committee's decision should be overruled. The decision of the Dean of the School of Medicine is final with no further appeals provided thereafter.

Sincerely yours,

Walter J. O'Donohue, Jr., M.D.
Associate Dean for
Graduate Medical Education

xc: Roger Brumback, M.D., Chairman, Pathology
William Hunter, M.D., Program Director, Pathology
M. Roy Wilson, M.D., Dean, School of Medicine
GME Appeals Committee

RECEIVED

DEC 08 2008

Indiana Professional
Licensing Agency

12-10-2008

To: Katherine Garner
Medical Licensing Board
402 W. Washington St. Room W072
Indianapolis, IN 46204

From: Anthony Joseph Garcia
723 Whitewing Lane
Walnut, CA 91789

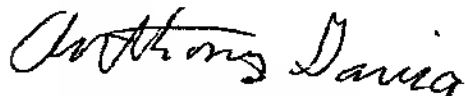
Please amend the following information to my Indiana Medical License Application.

I was a Family Practice Resident at Bassett St. Elizabeth Medical Center in Albany, New York, from 6/1999 to 12/1999. On the last month I was there I was suspended for yelling at a radiology technician. I subsequently resigned my position because I felt I was being treated unfairly. I have enclosed a letter detailing this.

I was a Psychiatry Resident at LSU Health Sciences Center in Shreveport, Louisiana, from 7/1/2007 to 2-30-2008. I was not allowed to continue my residency because my state medical license was not approved because I did not complete my residencies in Omaha, Nebraska or Chicago, Illinois. I have enclosed a letter detailing this.

I did not mention these facts in my application because I did not finish my residencies and I was there for such a short time. I did not think it was important and I did not want to do all of the paperwork associated with these residencies. However, after talking to a fellow physician and friend, he convinced me to write this letter and explain the above facts. For any questions at all please contact me.

Sincerely,



Anthony J. Garcia, M.D.

12-10-2008

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DEC 16 2008

Indiana Professional
Licensing Agency



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner
NYS Department of Health

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director
Office of Professional Medical Conduct

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DEC 15 2008

Indiana Professional
Licensing Agency

July 25, 2001

William P. Oillon, M.D.
Chair

Denise M. Bolan, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

PERSONAL AND CONFIDENTIAL

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Anthony J. Garcia, M.D.
723 Whitewing Lane
Walnut, CA 91789

Re: Administrative Warning
OPMC# SY-00-01-0093

Dear Dr. Garcia:

The Office of Professional Medical Conduct has completed its investigation into the circumstances surrounding your resignation from the Bassett-St. Elizabeth Family Medicine Residency Program (Bassett).

The investigation revealed that on 12/09/99 you resigned from Bassett to avoid a disciplinary investigation and hearing into your unprofessional and inappropriate conduct during an incident in which you were involved in the Radiology Department.

As part of the investigation, your residency files as well as other relevant documents were reviewed by a physician from this office. Additionally numerous interviews were conducted with administrators and staff from St. Elizabeth's Hospital and Bassett. Our reviewer expressed concern regarding your behavior during your entire residency at Bassett and felt that your conduct left serious doubt as to your future ability to successfully practice medicine within acceptable standards.

The findings in this matter were reviewed by an Investigation Committee of the New York State Board for Professional Medical Conduct. Upon this Committee's recommendation, the Director of the Office of Professional Medical Conduct has determined that an Administrative Warning be issued. **This letter constitutes your Administrative Warning, in accordance with Public Health Law 230 (10) (m) (ii).**

This matter has been brought to the attention of the New York State Education Department, which is the licensing agency for the State of New York. Subject to appropriate subpoena from that Department, the case file will be turned over to them upon your application for New York State licensure. At this time, your identity as a potential candidate for licensure in this State will be flagged so as to properly alert the Education Department of any such application on your part.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
Mailing Address: Post Office Box 30250, New Orleans, LA 70190-0250
www.lsbme.la.gov



Telephone: (504) 568-6820
FAX: (504) 568-8893
Writer's Direct Dial:

(504) _____

February 27, 2008

Personal & Confidential

Anthony Joseph Garcia, MD
3601 Dee St (PIER), Apt #1602
Shreveport, LA 71105

RECEIVED

DEC 10 2008

RE: Notice of Preliminary Intent to
Recommend Denial of Application

Indiana Professional
Licensing Agency

Dear Dr. Garcia:

As a result of information received on the Federation Credentials Verification Service profile, your application file was referred to the Board's Director of Investigations (the "Director"), who is charged with investigating all information that may serve as a basis under the Louisiana Medical Practice Act (the "Act")¹ or the Board's rules² to deny a license or take action against one that has been issued.

Based upon the information gathered by the Director, I write to advise you that we have preliminary concluded that you may not possess the necessary qualifications for medical licensure and are therefore ineligible for consideration; alternatively, to recommend that the Board deny your application to practice medicine in this state. Our preliminary determination is predicated upon the fact that you provided false information on the oath and affirmation page of the application in that you did not report that you did not complete the pathology internship program at Creighton; that you were terminated from this program; and that you did not successfully complete the PGY 3 at the University of Illinois at Chicago.

Before submitting our preliminary recommendation to the Board, we write to advise that you may either: (i) withdraw your application; or (ii) request an evidentiary hearing before the Board on your application. Either of these must be submitted in writing and

¹ La. Rev. Stat. §§37:1261-1291.

² La. Adm. C., 46 XLV.101 *et seq.*



APPLICATION FOR A LICENSE TO PRACTICE MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA

State Form 29495 (R14 / 5-08)

Approved by State Board of Accounts, 2008

MEDICAL LICENSING BOARD OF INDIANA
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: ple3@ple.IN.gov
www.ple.IN.gov

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY	
Application fee 250-	Date fee paid (month, day, year) 9/17/12
Receipt number 9145033	Application number
License number	License issuance date (month, day, year)
Permit fee 100-	Date fee paid (month, day, year) 9/14/12
Receipt number C1146470	Permit number 97054145A
Permit issuance date (month, day, year) 10/2/12	



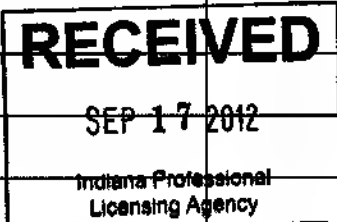
APPLICANT INFORMATION			
Name of applicant (last, first, middle) Garcia, Anthony Joseph		Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Social Security number *
Address of practice (number and street or rural route)			
City, state, and ZIP code			
Telephone number (daytime)	Date of birth (month, day, year) 06/07/1973	Ethnicity Hispanic	Gender ** <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mailing address (number and street, city, state, and ZIP code) (if different from above) 5279 Greywing Court Terre Haute, IN 47803			
E-mail address		National Provider Identifier number 1407067713	

TEMPORARY PERMIT INFORMATION
Do you desire a temporary permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY		
A foreign medical school must meet LCME standards at the time of graduation.		
Name of school University of Utah School of Medicine	Location Salt Lake City, UT	Date of graduation (month, day, year) 5-22-1999
Specialties Medical Doctor	Board certification (list ABMS certification) Not Board certified	

EXAMINATION		
(Please review instruction sheet for address and telephone numbers on how scores may be obtained.)		
<input type="checkbox"/> FLEX EXAMINATION	<input type="checkbox"/> STATE BOARD EXAMINATION	RECEIVED SEP 17 2012 Indiana Professional Licensing Agency
<input type="checkbox"/> Component I <input type="checkbox"/> Component II <input type="checkbox"/> Other	Examination taken in which state?	
<input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS	<input type="checkbox"/> LMCC EXAMINATION	
<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III		
<input checked="" type="checkbox"/> USMLE EXAMINATION	<input type="checkbox"/> NATIONAL BOARD OF OSTEOPATHIC EXAMINERS	
<input checked="" type="checkbox"/> Step I <input checked="" type="checkbox"/> Step II <input checked="" type="checkbox"/> Step III	<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III	

PRE-MEDICAL / OSTEOPATHIC EDUCATION				
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)		
Califomia State University	Los Angeles, CA	6-1/1992 - 6-1/1994		
MEDICAL / OSTEOPATHIC EDUCATION				
A foreign medical school must meet LCME standards at the time of graduation.				
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)		
Univ of Utah School of Medicine	Salt Lake City, UT	8-1/1994 - 5-12/1999		
POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA				
(Include ALL internships, residencies and / or fellowships)				
All programs must have been ACGME accredited at the time of enrollment.				
NAME OF PROGRAM	LOCATION	FROM (month, day, year)	TO (month, day, year)	
Basset St. Elizabeth Hospital	Utica, NY	7-1999	12/1999	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Creighton Univ Medical Center	Omaha, NE	7 /2000	5 /2001	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
University of Illinois	Chicago, IL	8 /2001	6 /2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LA State Univ Health Science Ctr	Shreveport, LA	7 /2007	1 /2008	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL				
		(month, day, year)		
Utica, New York		7-1-99		
Omaha, NE		7-12000		
Chicago, IL		8-1-2001		
Shreveport, LA		7-1-2007		
LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL				
NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE (month, day, year)		
Bureau of Prisons 4700 Bureau Road South Terre Haute, IN 47802	Private Practice	05/2010 - Present		
St. Jude Clinic 39 West 31st Street Chicago, IL 60623	Private Practice	11/2009 - 07/2012		
Visiting Physicians Group 826 South Miller Street #1 Chicago, IL 60607	Private Practice	03/2009 - 11/2009		
LIST ALL STATES INCLUDING INDIANA IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION				
STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
IL	MD	036109200	05/07/2003	Active
IN	Temporary MD Permit	99035483A	12/10/2008	Expired



If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s), case information, detailed description of case / events and settlement amount, including court documents, if applicable. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

- ☒ Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held? ☒ Yes ☐ No
- ☒ Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country, or surrendered your license? ☒ Yes ☐ No
- ☐ Are you now being, or have you ever been treated for drug or alcohol abuse or addiction? ☐ Yes ☒ No
- ☐ Have you ever been the subject of an investigation by a regulatory agency concerning your license? ☐ Yes ☒ No
- ☐ Have you ever been convicted of, plead guilty or *nolo contendere* to, or are charges pending:
 - A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? ☐ Yes ☒ No
 - B. Any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines.) ☐ Yes ☒ No
- ☒ Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations? ☒ Yes ☐ No
- ☒ Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant? ☒ Yes ☐ No
- ☐ Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
- ☐ Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration? ☐ Yes ☒ No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Anthony Marin (month, day, year)
9-14-2012

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for medical licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Anthony Marin (month, day, year)
9-14-2012

RECEIVED

SEP 17 2012

Indiana Professional
Licensing Agency

Anthony Joseph Garcia. 549-95-5489. 9-14-12.

I give the same answer for questions #1, 2, 6 and 7.

I was essentially fired from St. Elizabeth Family Practice Residency when I worked there because I yelled at a radiology technician.

I was essentially fired from Creighton Medical Pathology Residency when I worked there because I called a Pathology resident and told him his vacation was not approved.

I left the University of Illinois in Chicago Pathology Residency when I worked there due to poor health/Migraine headaches.

I was essentially fired from Shreveport Louisiana Psychiatry Residency when I worked there due to failing to get a medical license because I did not disclose the above information.

I did not disclose the above information to the states of California and Indiana and withdrew my medical license applications.

I have medical license applications pending in the state of Texas, Indiana and Kentucky.

Anthony Garcia

Anthony Joseph Garcia, 9-14-12.

Orlena Hubbard
9/17/12

**ORLENA HUBBARD
NOTARY PUBLIC STATE OF INDIANA
VIGO COUNTY
MY COMMISSION EXPIRES 1-13-2017**

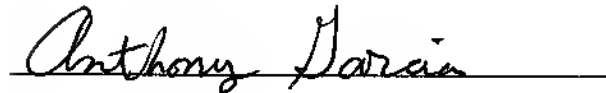


Affidavit of Anthony Joseph Garcia

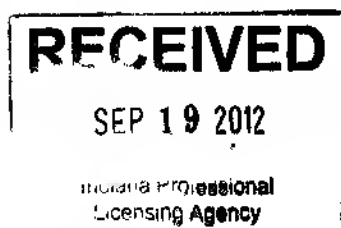
My name is Anthony Joseph Garcia. I am 39 years old, am working as a Physician, and currently reside at 5279 Greywing Court, Terre Haute, Indiana 47803.

This is an Affidavit regarding positive responses to questions 1, 2, 6, and 7 on the Application For A License To Practice Medicine/ Osteopathic Medicine In Indiana; dated 9-14-2012; for Anthony Joseph Garcia. I give the same answer for questions #1, 2, 6, and 7. I was essentially fired from St. Elizabeth Family Practice Residency when I worked there because I yelled at a radiology technician. I was essentially fired from Creighton Medical Pathology Residency when I worked there because I called a Pathology resident and told him his vacation was not approved. I left the University of Illinois in Chicago Pathology Residency when I worked there due to poor health/ Migraine headaches/ Depression. I was essentially fired from Shreveport Louisiana Psychiatry Residency when I worked there due to failing to get a medical license because I did not disclose the above information. I did not disclose the above information to the states of California and Indiana and withdrew my medical license applications. I have medical license applications pending in the state of Texas, Indiana, and Kentucky.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete.



Anthony Joseph Garcia

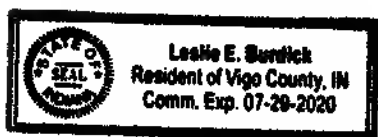


STATE OF INDIANA, COUNTY OF VIGO, ss:

This Affidavit was acknowledged before me on this 18 day of September
2012 by Anthony Joseph Garcia, who, being first duly sworn on oath according to law, deposes
and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters
stated herein are true to the best of his/her information, knowledge and belief.

Leslie Burdick

Notary Public



notary public

Title (and Rank)

My commission expires 7/29/20





2000 E. Lamar Blvd. Ste. 250 Arlington, TX 76006

Phone: 866-267-4466 Fax: 800-850-2005

www.rhinomedical.com

Verification of Post Graduate Education

September 18, 2012

SEP 19 2012

Facility

Creighton University
2500 California Plaza
Omaha, NE 68178
Phone: (402) 280-2700 Email: kmartin@creighton.edu

Anthony Garcia, MD
Date of Birth: 06/07/1973
Social Security Number:

To Whom It May Concern:

The practitioner named above has applied for an Indiana State Medical License and stated he/she attended the pathology residency program at your institution. Please complete this form and return it with the FedEx airbill that has been provided. The information you provide is confidential and has been authorized by the applicant on the enclosed Authorization & Release.

Should you have any questions or require additional information to complete this requests, please do not hesitate to contact me at (866) 267-4466. Thank you for your assistance with this request.

Sincerely,

Emily Provost

Rhino Medical Services | Credentialing Department
Phone: (866) 267-4466 | Email: eprovest@rhinomedical.com

To be completed by Education Program:

Start Date (mm/dd/yy) 7/1/2000

End Date (mm/dd/yy) 6/30/2001

Name of Program: Creighton University Pathology Residency Training Program

Program Completed: Yes ☐ No ☒

Program Director Name: Roger A. Brumback, M.D.

Additional Comments: See Attached

[Please Affix Notary/School Seal]

Printed Name: Roger A. Brumback, M.D.

Signature: [Signature]

Date: 9/19/2012

Title: Program Director

Phone: 402 280-4858

Fax: 402 280-5247

This transmission may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained herein is STRICTLY PROHIBITED. If you received this transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format. Thank you

Creighton

UNIVERSITY

School of Medicine

Department of Pathology
601 North 30th Street, Suite 2469
Omaha, NE 68131-2197
phone: 402.280.4858
fax: 402.280.5247
website: pathology.creighton.edu

SEP 19 2012

Indiana Professional
Medical Society

September 19, 2012

RE: Anthony Joseph Garcia, M.D.
Creighton University School of Medicine, Pathology Resident from 7/1/2000-6/30/2001

To: Emily Provost

This letter is written to verify that Anthony Joseph Garcia, M.D., completed 12 months of residency in the Creighton University Medical Center Pathology Residency Training Program located in Omaha, NE, from 7/1/2000 to 6/30/2001. I further certify that at the time of such training the program was accredited by the Accreditation Council for Graduate Medical Education.

Rotations are listed below:

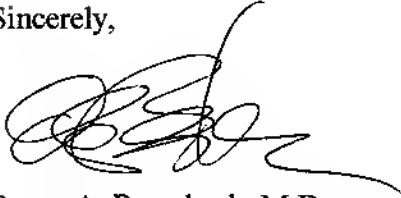
July 2000		December 2000	
Autopsy and Surgical Pathology	1 month	Autopsy and Surgical Pathology	1 month
August 2000		January 2001	
Blood Bank and Transfusion Med	1 month	Hematopathology	1 month
September 2000		February 2001	
Autopsy and Surgical Pathology	1 month	Cytology	1 month
October 2000		March 2001	
Hematopathology	1 month	Microbiology	1 month
November 2000		April 2001	
Autopsy and Surgical Pathology	1 month	Chemistry	1 month
		May 2001	
		Autopsy and Surgical Pathology	1 month

- On May 17, 2001, Dr. Garcia was involved in an incident that the program felt was unprofessional behavior toward a fellow resident.

5/10/2002

- On May 22, 2001, after a departmental investigation, Dr. Garcia was asked to resign or face termination proceedings. He chose not to resign and immediately filed an appeal with the University Graduate Medical Education Office. He took vacation from May 24 - June 7, 2001 and was then placed on paid leave of absence.
- On June 26, 2001 the appeals committee of the Graduate Medical Education Committee of Creighton University School of Medicine met and unanimously supported the decision of the pathology program to terminate Dr. Garcia.
- Dr. Garcia then appealed his termination to the Dean of the School of Medicine who upheld the decision (on July 12, 2001).

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Brumback', with a long horizontal flourish extending to the right.

Roger A. Brumback, M.D.
Residency Training Program Director

Anthony Joseph Garcia.

I give the same answer for questions #1, 2, 6 and 7.

I was essentially fired from St. Elizabeth Family Practice Residency when I worked there because I yelled at a radiology technician.

I was essentially fired from Creighton Medical Pathology Residency when I worked there because I called a Pathology resident and told him his vacation was not approved.

I left the University of Illinois in Chicago Pathology Residency when I worked there due to poor health/Migraine headaches.

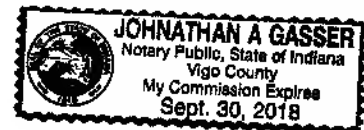
I was essentially fired from Shreveport Louisiana Psychiatry Residency when I worked there due to failing to get a medical license because I did not disclose the above information.

I did not disclose the above information to the states of California and Indiana and withdrew my medical license applications.

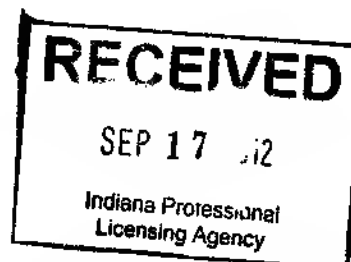
I have medical license applications pending in the state of Texas, Indiana and Kentucky.

Anthony Garcia

Anthony Joseph Garcia, 9-14-12.



X Johnathan A. Gasser 9-14-12



State of Illinois
 Department of Financial and Professional Regulation
 Division of Professional Regulation

LICENSE NO.
 036.109200

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
 07/31/2014

**LICENSED
 PHYSICIAN AND SURGEON**

**ANTHONY JOSEPH GARCIA MD
 723 WHITEWING LANE
 WALNUT, CA 91789**

 *B.E.A.* BRENT E. ADAMS SECRETARY *Donald W. Seasock* DONALD W. SEASOCK ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com 5782522

✓ *cm*
cm

Cut on Dotted Line ✂

State of Illinois
 Department of Financial and Professional Regulation
 Division of Professional Regulation

LICENSE NO.
 036.109200

**LICENSED
 PHYSICIAN AND SURGEON**

ANTHONY JOSEPH GARCIA MD

EXPIRES:
 07/31/2014

SIGN: _____

B.E.A. BRENT E. ADAMS SECRETARY *Donald W. Seasock* DONALD W. SEASOCK ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com 5782522

Cut on Dotted Line ✂



20110419-1/01028

I certify that this is a true
 copy of the original document. *Alt* 9/24/12

State of Illinois
 Department of Financial and Professional Regulation
 Division of Professional Regulation

LICENSE NO.
336.078158
036.109200

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
07/31/2014

**LICENSED PHYSICIAN AND SURGEON
 CONTROLLED SUBSTANCE
 IIN II III IV V IIN**

**ANTHONY JOSEPH GARCIA MD
 BEN TOH
 826 S MILLER ST SUITE 1
 CHICAGO, IL 60607**

  BRENT E. ADAMS
 SECRETARY  DONALD W. SEACOCK
 ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com **5784219**

Cut on Dotted Line ✂


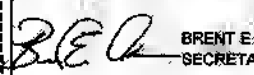
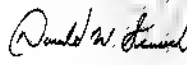
State of Illinois
 Department of Financial and Professional Regulation
 Division of Professional Regulation

LICENSE NO.
336.078158

**LICENSED PHYSICIAN AND SURGEON
 CONTROLLED SUBSTANCE
 IIN II III IV V IIN**

ANTHONY JOSEPH GARCIA MD

EXPIRES:
07/31/2014

  BRENT E. ADAMS
 SECRETARY  DONALD W. SEACOCK
 ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com **5784219**

Cut on Dotted Line ✂



I certify that this is an exact copy
 of the original document. *Alt LR 9/24/12*

20110419-1/02564





APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R14 / 6-07)

Approved by State Board of Accounts, 2007

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
www.pia.IN.gov

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS: Please type or print all information.

FOR OFFICE USE ONLY		
CSR number	Date of issuance (month, day, year)	
Receipt number 9147203	Application fee 60-	Date fee paid (month, day, year) 9/20/12

PRACTITIONERS			
(Please check one box)			
<input type="checkbox"/> Dentist	<input checked="" type="checkbox"/> Physician	<input type="checkbox"/> Osteopathic Physician	<input type="checkbox"/> Podiatrist
<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Advanced Practice Nurse	<input type="checkbox"/> Physician Assistant	
Name of practitioner Anthony Joseph Garcia		Specialty Family Practice	
Telephone number	Professional license number	Date of birth (month, day, year) 06/07/1973	Social Security number *
Name of Facility (if applicable) Wabash Correctional Facility		E-mail address	
Indiana practice address (number and street may not be a PO Box, city, state, and ZIP code) 6905 US 4 Carlisle, IN 47838			
(Check all applicable)			
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2 Narcotic	<input checked="" type="checkbox"/> 3
		<input checked="" type="checkbox"/> 3 Narcotic	<input checked="" type="checkbox"/> 4
			<input checked="" type="checkbox"/> 5

If your answer is Yes to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a registration issued pursuant to this application.

- Have you ever been convicted of, or plead guilty or nolo contendere to: a violation of any federal, state, or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? ☐ Yes ☒ No
- Have you ever been convicted of, or plead guilty or nolo contendere to: any offense, misdemeanor, or felony, in any state (except minor traffic laws/fines) or are formal charges pending? ☐ Yes ☒ No
- Have you ever had any action, discipline or revocation on your DEA (US Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration? ☐ Yes ☒ No

APPLICATION AFFIRMATION	
I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.	
	(month, day, year) 9-16-12

RECEIVED

SEP 18 2012

Indiana Professional
Licensing Agency



STATE OF INDIANA

MITCHELL E. DANIELS

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2980
Fax: (317) 233-4236

Official Proof of Licensure Digitally Certified Record

Personal Information

Name: Anthony Joseph Garcia
Address: 723 Whitewing Lane
Walnut, CA 91789
Date of Birth: 06/07/1973

License Information

Number Issued: 99035483A
License Type: Temporary MD Permit
Status: Expired
Issue date: 12/10/2008
Expiration Date: 02/20/2009
Obtained By: Application
Disciplinary Action: None

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at www.in.gov/pla/boards.htm

Digitally Certified on: Sun Sep 16 11:50:39 AM EDT 2012

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SEP 18 2012

Indiana Professional
Licensing Agency



STATE OF INDIANA

MITCHELL E. DANIELS

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2980
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Anthony Joseph Garcia

I, Frances Kelly, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

If you have the need to verify the authenticity of the digital certification as of the date and time stamp below, go to <https://secure.in.gov/apps/pla/verify.htm> and use our free web service to "Verify an Electronic Certified Record". Simply browse to the location you saved the secure pdf document sent to you and upload to validate.

Frances Kelly, Executive Director
Sun Sep 16 11:50:39 AM EDT 2012



The University of Utah

upon the recommendation of the Faculty of
The School of Medicine

has conferred upon

Anthony Joseph Garria

the Degree of

Doctor of Medicine

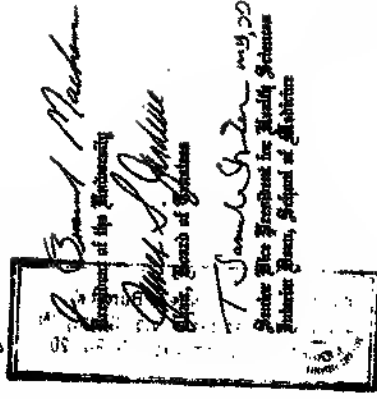
with all its Rights, Honors and Responsibilities

In Witness Whereof we have caused the Seal of the University to be affixed this
Twenty-second day of May, One Thousand Nine Hundred Ninety-nine.



Charles H. Taylor
Comptroller of Higher Education

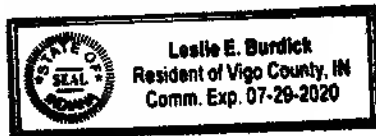
John E. Jones
Chancellor, Utah State School of Medicine



STATE OF INDIANA

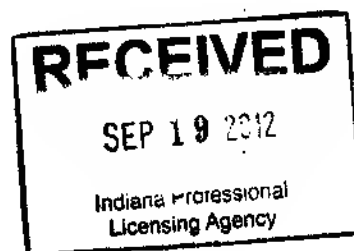
COUNTY OF VIGO

On this 18th day of September 2012, I certify that the preceding (or attached) document is a true, exact, complete and unaltered photocopy made by Leslie Burdick of Anthony J Garcia's University of Utah diploma.



Leslie Burdick
NOTARY PUBLIC

MY COMMISSION EXPIRES 7-29-2020





2000 E. Lamar Blvd. Ste. 250 Arlington, TX 76006
Phone: 866-267-4466 Fax: 800-850-2005
www.rhinomedical.com

Verification of Post Graduate Education

September 20, 2012

Dates Attended	Facility
07/1999 - 12/1999	Family Medicine Center 120 Hobart Street Utica, NY 13501 Phone: (315) 798-1149 Fax: (315) 734-3572

RECEIVED

OCT 04 2012

Indiana Professional
Licensing Agency

Anthony Garcia, MD
Date of Birth: 06/07/1973
Social Security Number: !

To Whom It May Concern:

The practitioner named above has applied for an Indiana State Medical License and stated he/she attended the family practice residency program at your facility. Please complete this form and return it with the FedEx airbill that has been provided. The information you provide is confidential and has been authorized by the applicant on the enclosed Authorization & Release.

Should you have any questions or require additional information to complete this requests, please do not hesitate to contact me at (866) 267-4466. Thank you for your assistance with this request.

Sincerely,

Emily Provost

Rhino Medical Services | Credentialing Department
Phone: (866) 267-4466 | Email: eprovostr@rhinomedical.com

To be completed by Education Program:

Start Date (mm/dd/yy) 06/21/1999 End Date (mm/dd/yy) 12/10/99
Name of Program: ST ELIZABETH MEDICAL CENTER Program Completed: Yes ☐ No ☒
FAMILY MEDICINE RESIDENCY
Program Director Name: William A Jorgensen DO
Additional Comments: None

[Please Affix Notary/School Seal]

Printed Name: William A. Jorgensen, DO
Date: 9/24/12
Phone: 315-734-3573

Signature: William A. Jorgensen DO
Title: Program Director
Fax: 315-734-3572



2000 E. Lamar Blvd. Ste. 250 Arlington, TX 76006

Phone: 866-267-4466 Fax: 800-850-2005

www.rhinomedical.com

Verification of Post Graduate Education

September 18, 2012

Facility

Louisiana State University Health Shreveport
1501 Kings Highway P.O. Box 33932
Shreveport, LA 71130
Phone: (318) 675-5000 Fax: (318) 675-4977

Anthony Garcia, MD
Date of Birth: 06/07/1973
Social Security Number:

To Whom It May Concern:

The practitioner named above has applied for an Indiana State Medical License and stated he/she attended the psychiatry residency program at your institution. Please complete this form and return it with the FedEx airbill that has been provided. The information you provide is confidential and has been authorized by the applicant on the enclosed Authorization & Release.

Should you have any questions or require additional information to complete this requests, please do not hesitate to contact me at (866) 267-4466. Thank you for your assistance with this request.

Sincerely,

Emily Provost

Rhino Medical Services | Credentialing Department
Phone: (866) 267-4466 | Email: eprovest@rhinomedical.com

To be completed by Education Program:

Start Date (mm/dd/yy) 07/01/07

End Date (mm/dd/yy) 02/26/08

Name of Program: Psychiatry

Program Completed: Yes ☐ No ☒

Program Director Name: Dr. James Patterson

Additional Comments: I can only verify dates of training.

[Please Affix Notary/School Seal]

Printed Name: Christine Cheney

Signature: Christine Cheney

Date: 9/19/12

Title: Coordinator

Phone: (318) 675-5053

Fax: (318) 675-4977

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OCT 15 2012

Indiana Professional
Licensing Agency

October 11, 2012

Medical Licensing Board of Indiana
402 West Washington Street, Room W064
Indianapolis, IN 46204

Office of Graduate Medical Education (MC 675)
Suite 100, Clinical Sciences North
820 South Wood Street
Chicago, Illinois 60612-7311

RE: **Anthony Garcia, M.D.**
Date Of Birth: 06/07/1973

To whom it may concern:

Dr. **Anthony Garcia** served in the following residency program at the University of Illinois College of Medicine and its affiliated hospitals:

Pathology (Anatomic & Clinical): August 1, 2001 through July 31, 2004

The program is accredited by the Accreditation Council for Graduate Medical Education.

For evaluative information, please contact the Pathology (Anatomic & Clinical) Training Program:

Department of Pathology (Anatomic & Clinical), MC 847
820 South Wood Street
Room # 130 CSN
Chicago, Illinois 60612
P: 312-413-1790
F: 312-996-7586

Sincerely,



Cathy Canfield-Jepson
Director
Graduate Medical Education

CCJ/clh

Louisiana State Board of Medical Examiners

Physical Address: 630 Camp Street, New Orleans, LA 70130
Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250
Phone: (504) 568-6820, Fax: (504) 568-0503
Website: www.lsbme.la.gov



License Verification/Endorsement


September 25, 2012

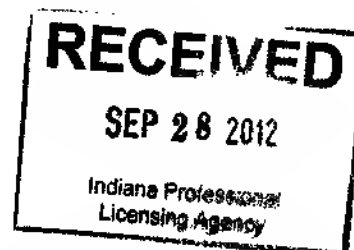
Dear Sir/Madam:

This is to certify that the records of the Louisiana State Board of Medical Examiners indicate the following information regarding:

Name: Anthony Joseph Garcia MD
Business Address: LSU / PSYCHIATRY 1501 KINGS HWY
SHREVEPORT, LA 71130
Professional School Information: University of Utah, Salt Lake City UT, United States
License Number: MD.LSU.PSYCH
Date Issued: July 01, 2007
Expiration Date: March 17, 2008
Status of License: CLOSED - No Disciplinary Action

To expedite the verification/endorsement process, the above is the standard format for all professions regulated by this Board.


Janice Thomas, Licensing Analyst
(504) 568-6820 x 204
(504) 599-0503 (FAX)
jthomas@lsbme.la.gov



CERTIFICATION OF LICENSEIndiana Health Professions Bureau
402 W. Washington St., Room W072
Indianapolis, IN 46204

PROFESSION NAME: Temporary Educational Permit

Number: 4214

Status: Lapsed

Issuance Date: 07/01/2000

Expiration Date: 07/01/2002

Name: Anthony Joseph Garcia MD

Address: Creighton - Pathology
601 N 30th Street Suite 1609
Omaha NE 68131

Credential Obtained by: Application

Exam Type:

Exam Score:

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OCT 01 2012

Indiana Professional
Licensing Agency

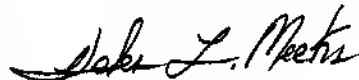
School/Graduation Date: University of Utah School of Med - Salt Lake City 05/22/1999

Date of Birth: 06/07/1973

Place of Birth: California

Disciplinary Action:

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

Helen L. Meeks, Administrator
Licensure Unit

September 28, 2012

(SEAL)

You may verify licenses under the following Internet Web Site
Address: <http://www.dhhs.ne.gov/lis/lisindex.htm>



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Pat Quinn
Governor

Susan J. Gold
Acting Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

October 11, 2012

PROFESSIONAL LICENSING AGENCY
402 W WASHINGTON ST ROOM W072
INDIANAPOLIS, IN 46204

Licensee: ANTHONY JOSEPH GARCIA MD
License Number: 036.109200
Profession: LICENSED PHYSICIAN AND SURGEON
Date of Issuance: 05/07/2003
Expiration Date: 07/31/2014
License Status: ACTIVE
License Method: ACCEPT EXAM - USMLE
Disciplinary History: Has not been disciplined

RECEIVED

OCT 15 2012

Indiana Professional
Licensing Agency

Temporary certificate physician and surgeon no. 125-043788 was issued with a starting date of 09/01/2001. No disciplinary action on file. This was a medical residency training certificate only.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Jay Stewart #7
Director

Division of Professional Regulation

October 11, 2012
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Pat Quinn
Governor

RECEIVED

OCT 18 2012

Illinois Professional
Licensing Agency

Susan J. Gold
Acting Secretary

Jay Stewart
Director

Division of Professional Regulation

CERTIFICATION OF LICENSURE

October 16, 2012

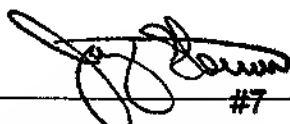
PROFESSIONAL LICENSING AGENCY
BOARD OF MEDICINE
402 W WASHINGTON ST ROOM W072
INDIANAPOLIS, IN 46204

Licensee: ANTHONY JOSEPH GARCIA MD
License Number: 036.109200
Profession: LICENSED PHYSICIAN AND SURGEON
Date of Issuance: 05/07/2003
Expiration Date: 07/31/2014
License Status: ACTIVE
License Method: ACCEPT EXAM - USMLE
Disciplinary History: Has not been disciplined

Temporary certificate physician and surgeon no.125-043788 was issued with a starting date of 09/01/2001. No disciplinary action on file. This was a medical residency training certificate only.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.




#7
Jay Stewart
Director

Division of Professional Regulation

October 16, 2012
Date

PRE-MEDICAL / OSTEOPATHIC EDUCATION				
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)		
CSU, Los Angeles	Los Angeles, CA	6-1-1993 to 6-1-1994		
Mt. San Antonio	Walnut, CA	6-1-1988 to 6-1-1993		
MEDICAL / OSTEOPATHIC EDUCATION				
A foreign medical school must meet LCME standards at the time of graduation.				
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)		
University of Utah	Salt Lake City, UT	8-1-1994 to 5-22-1999		
POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA				
All programs must have been ACGME accredited at the time of enrollment.				
NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)	ACGME / AOA / RC ACCREDITED?
Creighton University	Omaha, NE	7-2000	5-2001	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UIC Medical Center	Chicago, IL	7-1999	5-2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bassett St. Elizabeth	Utica, NY	8-2001	7-2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LSU Medical Center	Shreveport, LA	7-2000	7-2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL				
GENERAL LOCATION		DATE (month, day, year)		
Omaha, NE		7-1999 to 5-2001		
Chicago, IL		8-2001 to [REDACTED]		
Utica, NY		5-1999 to 7-1999		
Shreveport, LA		7-2007 to 2-2008		
LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL				
NAME AND ADDRESS OF EMPLOYER		RESPONSIBILITIES	DATE (month, day, year)	
Creighton University 601 N. 30th St. Suite 1609, Omaha, NE		Medical Resident	7-2000 - 5-2001	
UIC Medical Center 840 S. Wood St, Em 130 Chicago, IL		Medical Resident	7-1999	
Bassett St. Elizabeth 120 Hobart St. Utica, NY		Medical Resident	8-2001 to 7-2003	
LSU Medical Center 1501 Kings Hwy, Shreveport, LA		Medical Resident	7-1999 to 12-1999	
			7-2007 to 2-2008	
LIST ALL STATES INCLUDING INDIANA IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION				
STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
IL	Physician and Surgeon	036109200	7-2002	Active
NE	Temporary Medical Permit	Forget	7-2000	Expired
LA	Temporary Medical Permit	Forget	7-2007	Expired

PRE-MEDICAL / OSTEOPATHIC EDUCATION				
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)		
CSU, Los Angeles	Los Angeles, CA	6-1-1993 to 6-1-1994		
Mt. San Antonio	Walnut, CA	6-1-1988 to 6-1-1993		
MEDICAL / OSTEOPATHIC EDUCATION				
A foreign medical school must meet LCME standards at the time of graduation.				
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)		
University of Utah	Salt Lake City, UT	8-1-1994 to 5-22-1999		
POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA (Include ALL internships, residencies and / or fellowships)				
All programs must have been ACGME accredited at the time of enrollment.				
NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)	ACGME / AOA / RC ACCREDITED?
Creighton University	Omaha, NE	7-2000	5-2001	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UIC Medical Center	Chicago, IL	8-2001	7-2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL				
GENERAL LOCATION		DATE (month, day, year)		
Omaha, NE		7-1999 to 8-2001		
Chicago, IL		8-2001 to 7-2003		
Walnut, CA		7-2003 to 12-2008		
LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL				
NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE (month, day, year)		
Creighton University 601 N. 30th St. Suite 1609, Omaha, NE	Medical Resident	7-2000 - 5-2001		
UIC Medical Center 840 S. Wood St, Rm. 130, Chicago, IL	Medical Resident	8-2001 to 7-2003		
LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION				
STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
IL	Physician and Surgeon	036109200	7-2002	Active

RECEIVED

DEC 08 2008

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s), case information, detailed description of case / events and settlement amount, including court documents, if applicable. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held? ☐ Yes ☒ No
2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country, or surrendered your license? ☐ Yes ☒ No
3. Are you now being, or have you ever been treated for drug or alcohol abuse or addiction? ☐ Yes ☒ No
4. Have you ever been the subject of an investigation by a regulatory agency concerning your license? ☐ Yes ☒ No
5. Have you ever been convicted of, plead guilty or *nolo contendere* to, or are charges pending:
 - A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? ☐ Yes ☒ No
 - B. Any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines.) ☐ Yes ☒ No
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations? ☒ Yes ☐ No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant? ☐ Yes ☒ No
8. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
9. Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration? ☐ Yes ☒ No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Anthony Garcia

Date signed (month, day, year)

12-5-2008

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for medical licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant

Anthony Garcia

Date signed (month, day, year)

12-5-2008

State of California, County of Los Angeles

On 12-5-08 before me, Linda J. Argumosa, Notary Public,

Personally appeared *Anthony Garcia* who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.



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DEC 08 2008

Indiana Professional
Licensing Agency

12-3-2008

Question # 6

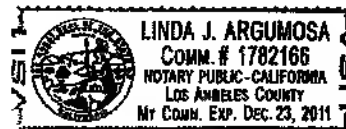
On 6-26-2001 I was fired from my residency position for making a phone call to a medical resident. I have enclosed a letter detailing this.

Anthony J. Garcia

Anthony Joseph Garcia

State of California, County of Los Angeles
On 12-3-08 before me, Linda J. Argumosa, Notary Public,
Personally appeared Anthony J. Garcia
who proved to me on the basis of satisfactory evidence to be the person(s)
whose name(s) is/are subscribed to the within instrument and acknowledged
to me that he/she/they executed the same in his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument the person(s), or the entity
upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California
that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

[Signature]



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DEC 08 2008

Indiana Professional
Licensing Agency



**CREIGHTON
UNIVERSITY**
School of Medicine

Graduate Medical Education

June 26, 2001

Anthony Garcia, M.D.
2575 Nicholas Court, Apt. B
Omaha, NE 68131

Dear Dr. Garcia:

An Appeals Committee of the Graduate Medical Education Committee of Creighton University School of Medicine met on July 26, 2001 to hear the appeal of Dr. Anthony Garcia in regard to termination of residency training by the Department of Pathology on the grounds of willfully placing a telephone call to a fellow resident's home while the resident was in the process of taking the USMLE Step 3 examination and informing the resident's wife that he needed to return to the Department of Pathology. This resulted in considerable anxiety and distress for the wife and resident at a time when the resident was attempting to pass a high-stakes examination which would ultimately determine whether or not he could continue in the residency program.

The Committee unanimously supported the decision of the Pathology Program to terminate Dr. Anthony Garcia and this letter represents official notification of this action.

In accordance with the Graduate Medical Education policy for Due Process, Dr. Anthony Garcia has seven days following receipt of this decision to appeal to the Dean of the School of Medicine if he so desires. The appeal must be in writing and shall specify the facts and reasons why the house staff physician believes that the Committee's decision should be overruled. The decision of the Dean of the School of Medicine is final with no further appeals provided thereafter.

Sincerely yours,

Walter J. O'Donohue, Jr.

Walter J. O'Donohue, Jr., M.D.
Associate Dean for
Graduate Medical Education

cc: Roger Brumback, M.D., Chairman, Pathology
William Hunter, M.D., Program Director, Pathology
M. Roy Wilson, M.D., Dean, School of Medicine
GME Appeals Committee

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DEC 08 2008

Indiana Professional
Licensing Agency

12-10-2008

To: Katherine Garner
Medical Licensing Board
402 W. Washington St. Room W072
Indianapolis, IN 46204

From: Anthony Joseph Garcia
723 Whitewing Lane
Walnut, CA 91789

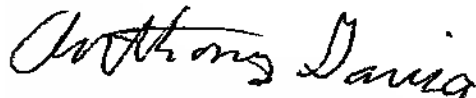
Please amend the following information to my Indiana Medical License Application.

I was a Family Practice Resident at Bassett St. Elizabeth Medical Center in Albany, New York, from 6/1999 to 12/1999. On the last month I was there I was suspended for yelling at a radiology technician. I subsequently resigned my position because I felt I was being treated unfairly. I have enclosed a letter detailing this.

I was a Psychiatry Resident at LSU Health Sciences Center in Shreveport, Louisiana, from 7/1/2007 to 2-30-2008. I was not allowed to continue my residency because my state medical license was not approved because I did not complete my residencies in Omaha, Nebraska or Chicago, Illinois. I have enclosed a letter detailing this.

I did not mention these facts in my application because I did not finish my residencies and I was there for such a short time. I did not think it was important and I did not want to do all of the paperwork associated with these residencies. However, after talking to a fellow physician and friend, he convinced me to write this letter and explain the above facts. For any questions at all please contact me.

Sincerely,



Anthony J. Garcia, M.D.

12-10-2008

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DEC 15 2008

Indiana Professional
Licensing Agency

CALIFORNIA JURAT WITH AFFIANT STATEMENT

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer[s], not Notary)

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DEC 15 2008

Indiana Professional
Licensing Agency

Anthony Davis 12-15-2008
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this

10 day of December, 2008, by
Date Month Year
(1) Anthony Joseph Garcia
Name of Signer

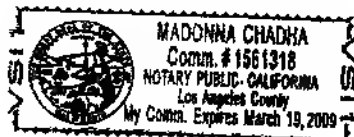
proved to me on the basis of satisfactory evidence
to be the person who appeared before me (.) (.)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me.)

Signature Madonna Chadha
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove
valuable to persons relying on the document and could prevent
fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Lettering regarding
INDIANA Medical License Application

Document Date: December 10, 2008 Number of Pages: 1

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner
NYS Department of Health

Oennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director
Office of Professional Medical Conduct

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DEC 15 2008

Indiana Professional
LICENSING AGENCY

July 25, 2001

William P. Dillon, M.D.
Chair

Denise M. Bolan, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

PERSONAL AND CONFIDENTIAL
CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Anthony J. Garcia, M.D.
723 Whitewing Lane
Walnut, CA 91789

Re: Administrative Warning
OPMC# SY-00-01-0093

Dear Dr. Garcia:

The Office of Professional Medical Conduct has completed its investigation into the circumstances surrounding your resignation from the Bassett-St. Elizabeth Family Medicine Residency Program (Bassett).

The investigation revealed that on 12/09/99 you resigned from Bassett to avoid a disciplinary investigation and hearing into your unprofessional and inappropriate conduct during an incident in which you were involved in the Radiology Department.

As part of the investigation, your residency files as well as other relevant documents were reviewed by a physician from this office. Additionally numerous interviews were conducted with administrators and staff from St. Elizabeth's Hospital and Bassett. Our reviewer expressed concern regarding your behavior during your entire residency at Bassett and felt that your conduct left serious doubt as to your future ability to successfully practice medicine within acceptable standards.

The findings in this matter were reviewed by an Investigation Committee of the New York State Board for Professional Medical Conduct. Upon this Committee's recommendation, the Director of the Office of Professional Medical Conduct has determined that an Administrative Warning be issued. **This letter constitutes your Administrative Warning, in accordance with Public Health Law 230 (10) (m) (ii).**

This matter has been brought to the attention of the New York State Education Department, which is the licensing agency for the State of New York. Subject to appropriate subpoena from that Department, the case file will be turned over to them upon your application for New York State licensure. At this time, your identity as a potential candidate for licensure in this State will be flagged so as to properly alert the Education Department of any such application on your part.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
Mailing Address: Post Office Box 30250, New Orleans, LA 70190-0250
www.lsbme.la.gov



Telephone: (504) 568-6820
FAX: (504) 568-8893
Writer's Direct Dial:

(504) _____

February 27, 2008

Personal & Confidential

Anthony Joseph Garcia, MD
3601 Dee St (PIER), Apt #1602
Shreveport, LA 71105

RECEIVED

DEC 10 2008

Indiana Professional
Licensing Agency

RE: Notice of Preliminary Intent to
Recommend Denial of Application

Dear Dr. Garcia:

As a result of information received on the Federation Credentials Verification Service profile, your application file was referred to the Board's Director of Investigations (the "Director"), who is charged with investigating all information that may serve as a basis under the Louisiana Medical Practice Act (the "Act")¹ or the Board's rules² to deny a license or take action against one that has been issued.

Based upon the information gathered by the Director, I write to advise you that we have preliminary concluded that you may not possess the necessary qualifications for medical licensure and are therefore ineligible for consideration; alternatively, to recommend that the Board deny your application to practice medicine in this state. Our preliminary determination is predicated upon the fact that you provided false information on the oath and affirmation page of the application in that you did not report that you did not complete the pathology internship program at Creighton; that you were terminated from this program; and that you did not successfully complete the PGY 3 at the University of Illinois at Chicago.

Before submitting our preliminary recommendation to the Board, we write to advise that you may either: (i) withdraw your application; or (ii) request an evidentiary hearing before the Board on your application. Either of these must be submitted in writing and

¹ La. Rev. Stat. §§37:1261-1291.

² La. Adm. C., 46 XLV.101 *et seq.*

CALIFORNIA COPY CERTIFICATION BY DOCUMENT CUSTODIAN

I, Anthony Joseph Garcia, M.D., hereby swear (or affirm) that the attached reproduction of Letter-Louisiana State Board of Medical Examiners is a true, correct and complete
Description of Original Document

photocopy of a document in my possession.

Anthony Garcia 12-10-2008
Signature of Custodian of Original Document
723 Whitewing Lane Walnut, CA. 91789
Address

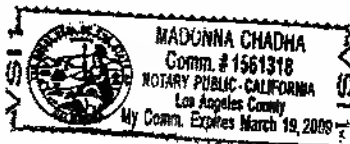
State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 10 day of December, 2008, by

Anthony Joseph Garcia
Name of Custodian of Original Document

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature Madonna Chadha
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document Copy

Title or Type of Document: LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Document Date: February 27, 2008 Identifying No.: _____ No. of Pages: 2

Signer(s) or Issuing Agency: _____

Capacity Claimed by Custodian

☐ Individual ☐ Attorney ☐ Trustee ☐ Business Proprietor or Manager

☐ Corporate Officer — Title: _____

☐ University or School Officer — Title: _____

☐ Governmental Officer or Agent — Title: _____

☐ Other: _____

Custodian Is Representing: _____

RIGHT THUMBPRINT
OF CUSTODIAN
Top of thumb here

Department of Pathology

601 North 30th Street, Suite 2469
Omaha, NE 68131-2197
phone: 402.280.4858
fax: 402.280.5247
website: pathology.creighton.edu

Creighton
UNIVERSITY
School of Medicine

January 13, 2009

Indiana Professional Licensing Agency
ATTN: Kathy Garner
Medical Licensing Board
402 W. Washington Street, Room W072
Indianapolis, IN 46204

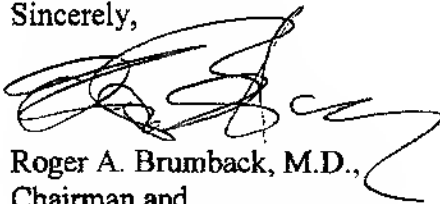
RE: Anthony J. Garcia

Dear Ms. Garner:

Pursuant to your request dated December 10, 2008, seeking information about Dr. Anthony J. Garcia, this letter will serve to inform you that Dr. Garcia satisfactorily completed 12 months of postgraduate clinical training in Anatomic and Clinical Pathology from July 1, 2000 through June 30, 2001 at Creighton University Medical Center, Omaha, NE 68131. I further certify that at the time of such training the program was accredited by the Accreditation Council for Graduate Medical Education.

If there are any further questions, please do not hesitate to e-mail me (rbrumback@creighton.edu)

Sincerely,



Roger A. Brumback, M.D.,
Chairman and
Residency Program Director

RECEIVED

JAN 21 2009

Indiana Professional
Licensing Agency



St. Elizabeth
Family Medicine Residency Program

120 Hobart Street, Utica, New York 13501
Phone: 315-734-3571 Fax: 315-734-3572

December 30, 2008

Indiana Professional Licensing Agency
Medical Licensing Board
402 W. Washington Street, Room W072
Indianapolis, IN 46204

RE: ANTHONY GARCIA, M.D.

To Whom It May Concern:

Dr. Anthony Garcia began residency training on June 21, 1999, at St. Elizabeth's Family Medicine Residency Program in Utica, New York. On review of Dr. Garcia's file, Dr. Garcia resigned from the program on December 10, 1999. In total Dr. Garcia's time at St. Elizabeth's Family Medicine Residency Program was June 21, 1999 to December 10, 1999. This information was obtained by review of his personal file at St. Elizabeth's Family Medicine Residency Program, 120 Hobart Street Utica, NY 13501.

Respectfully Submitted,


William A. Jorgensen, D.O.
Program Director

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JAN 15 2009

Indiana Professional
Licensing Agency



Health Sciences Center

SCHOOL OF MEDICINE IN SHREVEPORT

Department of Psychiatry

School of Medicine in New Orleans
School of Medicine in Shreveport
School of Dentistry
School of Nursing
School of Allied Health Professions
School of Graduate Studies
Health Care Services Division

January 5, 2009

Indiana Professional Licensing Agency
Medical Licensing Board
402 W. Washington Street, Room W072
Indianapolis, IN 46204

Re: Anthony Garcia, M.D.

To Whom It May Concern,

Dr. Anthony Garcia began Psychiatry training here at Louisiana State University Health Sciences Center in Shreveport on July 1, 2007. He left our institution on February 28, 2008. In his time here he completed the following rotations:

3 months Inpatient Psychiatry
2 months Emergency Psychiatry (1-Night Float, 1-Day Call)
3 months of Medicine (1-EM, 1-FM Outpatient, 1-FM Wards)

Total = 8 months

Sincerely,

Anita S. Kablinger, M.D.
Program Director

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JAN 12 2009

Indiana Professional
Licensing Agency

UNIVERSITY OF ILLINOIS
AT CHICAGO

Department of Pathology (MC 847)
College of Medicine
840 South Wood Street, Room 130 CSN
Chicago, Illinois 60612-4325

January 7, 2009

Indiana Professional Licensing Agency
Medical Licensing Board
402 W. Washington Street, Room W072
Indianapolis, IN 46204

Re: Anthony Garcia, M.D.

To Whom It May Concern:

Anthony Garcia, M.D., is applying for medical licensure in Indiana. Dr. Garcia was a resident in the combined Anatomic Pathology and Clinical Pathology (AP/CP) program at the University of Illinois at Chicago College of Medicine (UIC). He began his residency at UIC on August 1, 2001 as a PGY II, transferring from the Creighton University Pathology Program where he completed his PGY I. Although he officially left the program on June 30, 2004, his last day on-site work was July 11, 2003.

I believe this should answer all questions posed by the Medical Board of Indiana. Please do not hesitate to contact me if I may provide additional information.

Sincerely,



Frederick Behm, M.D.
Interim Department Head
Professor of Pathology
Director, Residency and Hematopathology Fellowship Programs

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JAN 12 2009

UIC

Indiana Professional
Licensing Agency

**COPY OF CERTIFICATION BY DOCUMENT
CUSTODIAN**

An
ry
36

STATE OF California

COUNTY OF Los Angeles

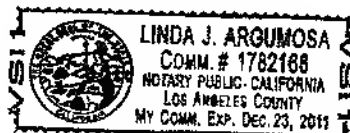
I Anthony Garcia HEREBY SWEAR THAT

letter from Creighton University School of Medicine dated June 26, 2006
State of Illinois Physician & Surgeon License # 036.109200 with Expiration 7/31/11
and Diploma from The University of Utah - Doctor of Medicine issued May 22, 1999
IS A TRUE, CORRECT, AND COMPLETE PHOTOCOPY OF A DOCUMENT IN MY ^{to Anthony Garcia} POSSESSION.

Anthony Garcia, 12-5-2008, 723 Whitewing Lane
(SIGNATURE, DATE & ADDRESS OF CUSTODIAN OF ORIGINAL) Walnut, CA.
91789

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES
SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON
THIS 5th DAY OF December 2008 BY Anthony Garcia
Garcia PROVED TO ME ON THE BASIS OF
SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED
BEFORE ME.

Linda J. Argumosa
LINDA J. ARGUMOSA, NOTARY PUBLIC FOR SAID STATE



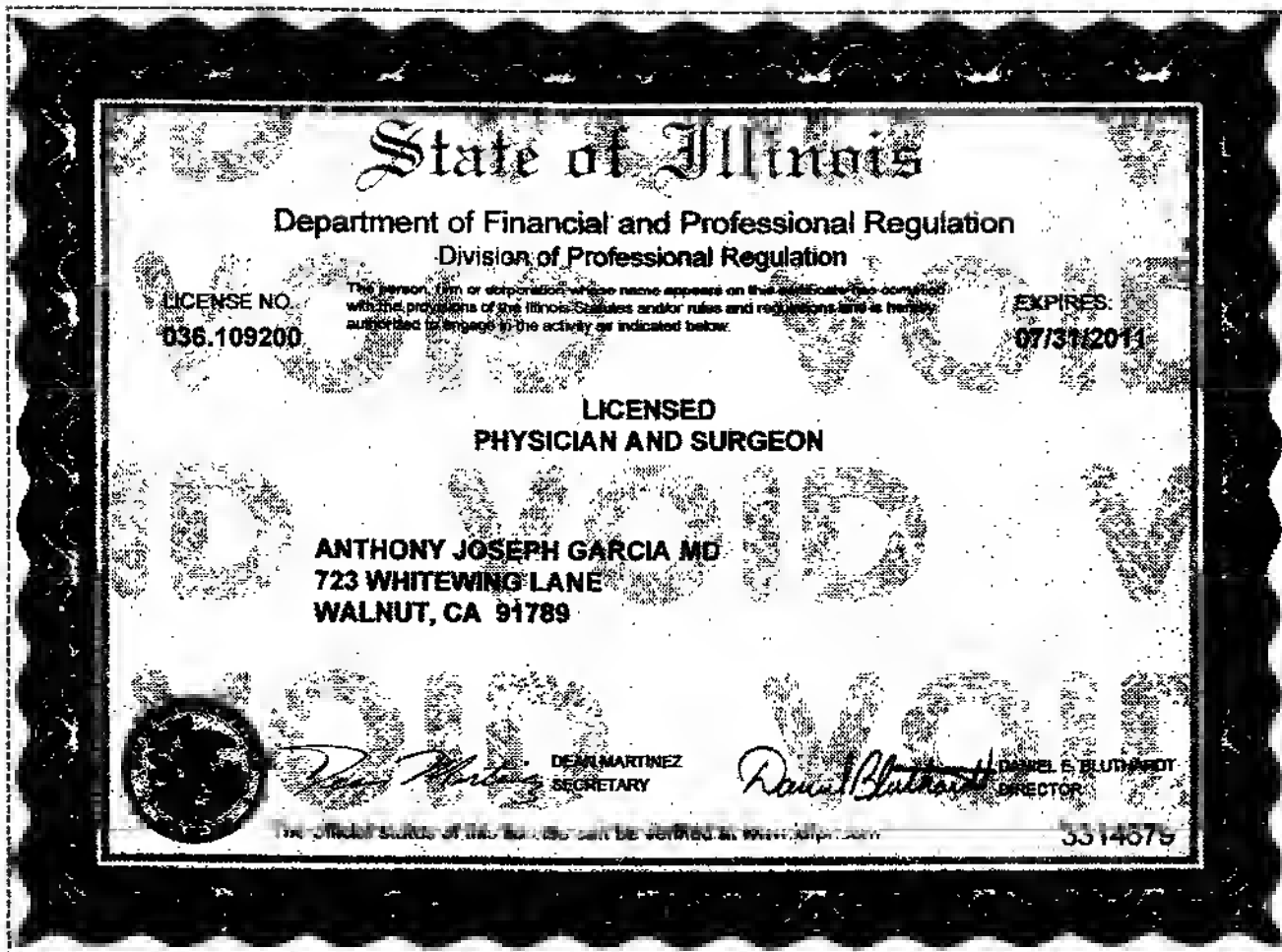
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DEC 08 2008

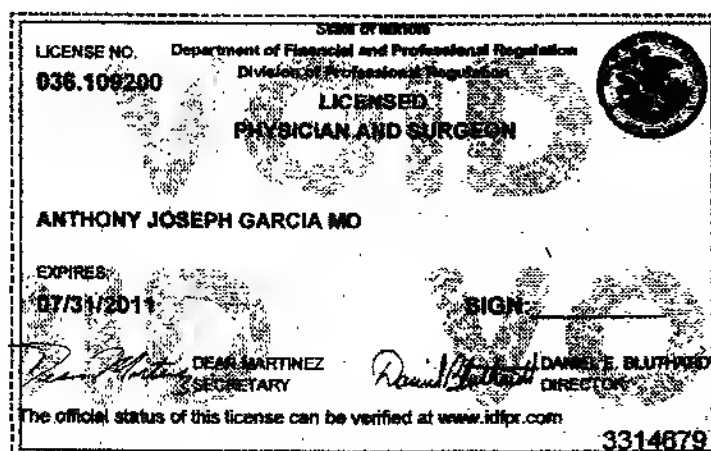
Indiana Professional
Licensing Agency

Linda A
Notary
(9) 8

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Cut on Dotted Line ✂



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DEC 08 2008

Indiana Professional
Licensing Agency

20080529-1/00477

mc
ibl
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The University of Utah

upon the recommendation of the Faculty of The School of Medicine

has conferred upon

Anthony Joseph Garcia

the Degree of

Doctor of Medicine

with all its Rights, Honors and Responsibilities

In Witness Whereof we have caused the Seal of the University to be affixed this
Twenty-second day of May, One Thousand Nine Hundred Ninety-nine.



Caroline H. Taylor
Constitutional Secretary

John E. Jones
Chancellor

P. Conrad Macken
President of the University

Amos S. Johnson
Vice President of the University

T. Samuel Green
Dean of the School of Medicine
May 20, 1899

RECEIVED

DEC 08 2008

Indiana Professional
Licensing Agency

Louisiana State Board of Medical Examiners

Physical Address: 630 Camp Street, New Orleans, LA 70130
Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250
Phone: (504) 568-6820, Fax: (504) 568-0503
Website: www.lsbme.la.gov



License Verification/Endorsement

January 08, 2009
Indiana Medical Licensing Board
402 W. Washington St., Rm. W072
Indianapolis, IN 46204

RECEIVED

Dear Sir/Madam:

This is to certify that the records of the Louisiana State Board of Medical Examiners indicate the following information regarding:

Name: Anthony Joseph Garcia MD

Business Address: LSU / PSYCHIATRY 1501 KINGS HWY
SHREVEPORT, LA 71130

Professional School Information: University of Utah, Salt Lake City UT, United States

License Number: MD.LSU.PSYCH

Date Issued: July 01, 2007

Expiration Date: March 17, 2008

Status of License: CLOSED - No Disciplinary Action

To expedite the verification/endorsement process, the above is the standard format for all professions regulated by this Board.

A handwritten signature in cursive script that reads "Janice Thomas". The signature is written in dark ink and is positioned above a horizontal line.

Janice Thomas, Licensing Analyst
(504) 568-6820 x 204
(504) 599-0503 (FAX)
jthomas@lsbme.la.gov



Nebraska Department of Health
and Human Services

Division of Public Health

Please reply to: Licensure Unit
PO Box 94986, Lincoln, NE 68509-4986
Phone (402) 471-2118
FAX (402) 471-3577

State of Nebraska

Dave Heineman, Governor

CERTIFICATION OF LICENSE

Indiana Health Professions Bureau
402 W. Washington St., Room W072
Indianapolis, IN 46204

PROFESSION NAME:	Temporary Educational Permit		
Number:	4214	Status:	Lapsed
Issuance Date:	07/01/2000	Expiration Date:	07/01/2002
Name:	Anthony Joseph Garcia MD		
Address:	Creighton - Pathology 601 N 30th Street Suite 1609 Omaha NE 68131		
Credential Obtained by:	Application		
Exam Type:		Exam Score:	
School/Graduation Date:	University of Utah School of Med - Salt Lake City, UT 05/22/1999		
Date of Birth:	06/07/1973	Licensing Agency	
Place of Birth:	California		
Disciplinary Action:			

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

Helen L. Meeks, Administrator
Licensure Unit

December 30, 2008

(SEAL)

You may verify licenses under the following Internet Web Site
Address: <http://www.dhhs.ne.gov/lis/lisindex.htm>



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

ROD R. BLAGOJEVICH
Governor

MICHAEL T. MCRAITH
Acting Secretary

DANIEL E. BLUTHARDT
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

December 22, 2008

PROFESSIONAL LICENSING AGENCY
MEDICAL BOARD OF EXAMINERS
402 W WASHINGTON ROOM W072
INDIANAPOLIS, IN 46204

RECEIVED

DEC 29 2008

Indiana Professional
Licensing Agency

Licensee: ANTHONY JOSEPH GARCIA MD
License Number: 036.109200
Profession: LICENSED PHYSICIAN AND SURGEON
Date of Issuance: 05/07/2003
Expiration Date: 07/31/2011
License Status: ACTIVE
License Method: ACCEPT EXAM - USMLE
Disciplinary History: Has not been disciplined

Temporary certificate physician and surgeon no. 125-043788 was issued with a starting date of 09/01/2001. No disciplinary action on file. This was a medical residency training certificate only.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

Daniel E. Bluthardt
Director

Division of Professional Regulation



Please contact the Division of Professional Regulation, Licensure Maintenance Unit, at 217-782-0458 if you have any questions.